

6-24-09

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PATENT
Q170-US1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

BELHAROUK, Ilias et al.

Serial No: 10/612,439

Filed: July 1, 2003

For: IMPROVED POSITIVE ELECTRODE
MATERIAL FOR LITHIUM ION
BATTERIES

Art Unit: 1795

Examiner: Maples, John

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EM248393655US

Dated: June 23, 2009

Mail Stop AF
Commissioner for Patents
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1. Transmittal Letter (1 page)
2. Fee Transmittal Letter(1 page)
3. Notice of Appeal (1 page)
4. Form PTO/SB/31 - Notice of Appeal from the Examiner (1 page)
5. Form PTO/SB/33 - Pre-Appeal Brief Request for Review (1 page)
6. Pre-Appeal Brief Request for Review (5 pages)
7. Form PTO-2038, credit card authorization (1 page)
8. Self addressed stamped postcard (1 page)

June 23, 2009

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/612,439
		Filing Date	July 1, 2003
		First Named Inventor	BELHAROUK, Ilias et al.
		Group Art Unit	1795
		Examiner Name	John Maples
Total Number of Pages in This Submission		Attorney Docket Number	
		Q170-US1	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized Amendment After Final Affidavits/declaration(s) with Exhibits (3 sets) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	<input checked="" type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Pre-Appeal Brief Request for Review <input checked="" type="checkbox"/> Form PTO/SB/33 Pre-Appeal Brief Request for Review <input checked="" type="checkbox"/> Notice of Appeal from the Examiner to the Board of Patent Appeals and Interferences	

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By: _____



Dated: 06/23/2009

Phone: (818) 833-2003
Fax: (818) 833-2065

Travis Dodd
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P.O. Box 923127
Sylmar, CA 91392-3127

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name	TRAVIS DODD		
Signature		Date	



FEE TRANSMITTAL

Attorney Docket No.	Q170-US1
First Named Inventor:	BELHAROUK, Ilias et al.
Application Number	10/612,439
Filing Date:	July 1, 2003
Examiner Name:	1795
Group/Art Unit:	John Maples

TOTAL AMOUNT OF PAYMENT:	\$ 270.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

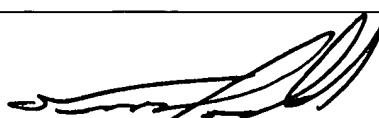
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$330.00	\$165.00	\$0.00
Total Claims	26 - 64 =	0	X \$52.00	X \$26.00	\$0.00
Independent Claims	1 - 3 =	0	X \$220.00	X \$110.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$390.00	\$195.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$220.00	\$110.00	\$0.00
Reissue filing fee	\$330.00	\$165.00	\$0.00
Provisional filing fee	\$220.00	\$110.00	\$0.00
Total of above Calculations =		\$0.00	

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Notice of Appeal	\$	\$270.00	\$270.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$270.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	06/23/2009